

20 February 2018

Professor Richard Harper
Chair
Cardiac Services Clinical Committee
Medicare Benefits Schedule Review Taskforce

Via email: MBSReviews@health.gov.au

Dear Professor Harper

Thank you for the opportunity to provide further comment on the Medicare Benefits Schedule (MBS) Review Taskforce Cardiac Services Clinical Committee's (the Committee) recommendations for electrocardiogram (ECG) and computerised tomography coronary angiography (CTCA) Medicare Benefits Schedule (MBS) items.

Recommendation 16 regarding Electrocardiogram (ECG)

The Royal Australian College of General Practitioners (RACGP) appreciates the Committee's recognition regarding the importance of ECGs to inform GP management of a patient. Committee recognition of the time and consumables involved in performing ECGs in general practice is also encouraging.

However, the RACGP does not support the proposed recommendation 16 to change the descriptor of twelve-lead ECG (item 11700), as it fails to recognise or acknowledge that GPs perform ECG interpretation, report results in the patient record and determine actions without referral. GPs usually do not need to refer ECG results to medical consultants for ECG interpretation except in the circumstances where further advice is required from another specialist doctor.

GPs are skilled at conducting, interpreting and reporting on ECGs. GPs and their teams can spend considerable time preparing for ECGs, setting up equipment, looking at the trace, analysing patient history, deliberating on outcomes, and taking appropriate clinical action. The GP is also responsible for recording results and interpretation in the patient's medical record. It is important to maintain adequate MBS patient rebates to subsidise patient access to these services in general practice. As such, the scheduled fee for this care needs to be at a suitable level to subsidise the cost of providing the service.

As a matter of priority, GPs should be supported to continue providing ECGs, including reporting and analysis, without a requirement that this report must then be sent to a medical consultant. Further consideration of recommendations 16's intent and consultation with affected professionals is warranted.

Recommendation 14 regarding computerised tomography coronary angiography (CTCA)

The RACGP supports the Committee's efforts to expand access to new diagnostic imaging tests to GPs, recognising that this provides patients with better access to these services when clinically relevant.

The Committee has recommended that CTCA (item 57360) be split into three items (recommendation 14), including one to provide structured access for GPs for the investigation of CAD in a specific population. Splitting this service into separate MBS items risks introducing unnecessary complexity and creating a tiered system in which GPs are treated differently to other specialists when performing the same service. The rules for ordering CTCA need to be consistent for both GPs and other medical specialists.

The RACGP understands, as the Committee has noted in its rationale for recommendation 14, that additional evidence for the use of CTCA is still emerging. In order to establish whether broader access to CTCA is the best clinical and economic approach to patient care (in comparison to current practices), the RACGP agrees with the Committee that this idea be considered by Medical Services Advisory Committee (MSAC), rather than via the MBS Review.

Should recommendation 16 progress for MBS Review Taskforce consideration, the RACGP notes that any education on access to CTCA should be consistent for both GPs and other medical practitioners (ie cardiologists). Education, coupled with decision support tools accompanying decision-making, would assist GPs to make the right decisions about referral and ordering diagnostic imaging/testing.

I trust this information is useful to the Committee. If you have any questions, please contact myself or Mr Roald Versteeg, Manager – Advocacy and Policy, on (03) 8699 0408 or at roald.versteeg@racgp.org.au

Yours sincerely



Dr Bastian Seidel
President